

Effectiveness and safety of lidocaine 5% patch as add-on treatment in patients with allodynia caused by postherpetic neuralgia, diabetic neuropathy, or low back pain

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Purpose

To assess the effectiveness and safety of add-on topical treatment with lidocaine 5% patch.

Method

This was an open-label, nonrandomized, multicenter trial in 9 centers in the United States. Participants were adult patients with postherpetic neuralgia (PHN), diabetic neuropathy (DN), and low back pain (LBP) who had a partial response to a gabapentin-containing regimen (pain rating >4 where 0 = no pain, 10 = most severe pain). Patients were administered a once-daily application of up to 4 lidocaine 5% patches (10 cm × 14 cm; Lidoderm[®], Endo Pharmaceuticals Inc., Chadds Ford, PA) to the area of maximum peripheral pain for 14 days. Patients maintained their gabapentin regimen with no adjustment or additions permitted. The main outcome measure in this posthoc analysis was change from baseline to day 14 in Brief Pain Inventory (BPI) scores (0 = no pain, 10 = most severe pain) for worst pain, least pain, and average pain.

Results

Allodynia was present in 57 of 107 (53.3%) enrolled patients, including 11/11 (100%) patients with PHN, 27/49 (55.1%) with DN, and 19/47 (40.4%) with LBP. The baseline mean pain rating was 6.7 (PHN), 3.5 (DN), and 2.7 (LBP). Patients with allodynia had greater change from baseline in BPI worst (2.0), average (1.5), and least (1.7) pain scores compared with those without allodynia (worst pain, 1.1; average pain, .9; least pain, .8) pain. Patients with LBP and allodynia had greater change from baseline in BPI worst (1.5), average (2.4), and least (2.0) pain scores compared with LBP patients without allodynia (worst pain, .6; average pain, 1.0; least pain, .8). Overall, 29% of patients reported ≥one treatment-emergent adverse event (AE); the most frequent was dermatitis (PHN, 0%; DN, 2%; LBP, 4.3%). PHN patients had a total of 4 AEs in 4 diverse categories.

Conclusions

Addition of topical lidocaine 5% patch to a gabapentin regimen reduced pain intensity in patients with postherpetic neuralgia, diabetic neuropathy, and low back pain. Patients with allodynia obtained greater pain relief than those without allodynia.